CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS				OFFICE				2. VOUCHER NUMBER 3. SCHEDULE NUMBER				
	a. NAMI	E (Last	t, first, middle initial)			b. SOCIAL SECURI	TY NUMBER		٠.			
CLAIMANT												
₹	c. MAILING ADDRESS (Include ZIP Code)					d. OFFICE TELEPHONE		†				
7						NUMBER						
4												
6. E	EXPENDI	TURES	(If fare claimed in col. (g) exceeds	s charge for	one person, show in c	ol. (h) the number of	additional pe	rsons which	ассог	mpanied the	claimant	·.)
	DATE		Show appropriate code in col. (b).	<i>:</i>			MILEAGE	GE AMOUNT CLAIMED				
	DATE	C O A - Local travel					RATE	ANIOUNI CLAIIVIED				
		D E	B - Telephone or telegraph, or C - Other Expenses (itemized) (Explain expenditures in specific detail.)				¢			FARE	ADD.	TIPS AND
		-					NO. OF		E	OR TOLL	PER- SONS	MISCEL- LANEOUS
	(a)	(b)	(c) FROM (d)			TO MILI		(f)		(g)	(h)	(i)
										j		
										1		
										· 		
If additional space is required continue on the back. SUBTOTALS CARRI THE BACK					D FORWARD FROM							
7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).)				TOTALS						İ		
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are					10. I certify that thi						edge and	
in	ncluded, t	he app	proving official must have been aut	belief and that payment or credit has not been received by me.								
of the department or agency to so certify (31 U.S.C. 680a).)						PAYMENT DESIRED Sign Original Only						
Sign Original Only					CHECK CASH							
					DATE	CLAIMANT SIGN HERE					-,	
APPROVING				11. CASH PAYMENT RECEIPT								
	ICIAL N HERE					a. PAYEE (Signature	e)			b	. DATE	
9. 7	This claim	is cer	tified correct and proper for payme	ent.								
			Sign Original Only				c. AMOUNT					
	HORIZED		,		DATE	12 DAVACAT ACC	DE				\$	
OFF	ICER N HERE					12. PAYMENT MAI BY CHECK NO.						

SIGN HERE

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued										
DATE	С	Show appropriate code in col. (b):			AMOUNT CLAIMED					
	O D E	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized) (Explain expenditures in specific detail.)			MILEAGE	FARE OR TOLL	ADD. PER- SONS	TIPS AND MISCEL- LANEOUS		
(a)	(b)	(c) FROM	(d) TO	MILES (e)	(f)	(g)	(h)	(i)		
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	1	 Total each column an	d enter on the front, subtotal line							
In complian	ce with	the Privacy Act of 1974, the following in	formation is provided: Solicitation of the	information on	this form is au	uthorized by 5	U.S.C.	Chapter 57 as		

implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 3937 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is volumtary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.